



Missouri Pharmacy Program – Preferred Drug List



BPH Agents (Formerly Androgen Hormone Inhibitors)

Effective 11/14/2004

Revised 10/02/2014

Preferred Agents

- Avodart®
- Finasteride
- Alfuzosin

Non-Preferred Agents

- Proscar®
- Jalyn®
- Cialis®
- Uroxatral

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen
- For Cialis Therapy
 - Diagnosis of benign prostatic hyperplasia
 - Trial and failure on 3 preferred agents
 - Patient must be male

Condition	Submitted ICD-9 Diagnoses	Date Range
Benign Prostatic Hyperplasia/Hypertrophy	600.00 – 600.91	2 years

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Cialis Therapy
 - Lack of appropriate diagnosis
 - Female patients
 - Nitrate therapy or Norvir therapy or Kaletra therapy in last 30 days
 - History of erectile dysfunction (subject to Clinical Consultant Review)

Condition	Submitted ICD-9 Diagnoses	Date Range
Erectile Dysfunction	607.84	2 years